



City of Imperial Beach, California

ADMINISTRATIVE SERVICES DEPARTMENT

825 Imperial Beach Blvd., Imperial Beach, CA 91932 Tel: (619) 628-1423 Fax: (619) 424-3481
www.ImperialBeachCA.gov

In City Address Business License Application

FEES ARE NON-REFUNDABLE

NOTE: ALL APPLICABLE QUESTIONS MUST BE ANSWERED OR APPLICATION WILL BE REJECTED

IMPORTANT – PLEASE READ!!

It is highly recommended you **verify compliance with City zoning, building and sign regulations before applying for a Business License**, as the issuance of a Business License does not guarantee your business meets applicable regulations. It is the business owner's responsibility to verify with Planning and Building Departments that all applicable zoning, building, and signage codes are met before conducting business. If your business is found to be in non-compliance with any code or regulation **you may receive a citation and/or your Business License may be rescinded without a refund.**

I have read the above statement _____ (Applicant's Initials)

- ☐ NEW BUSINESS ☐ CHANGE OF ADDRESS ☐ CHANGE OF OWNERSHIP
☐ CHANGE OF BUSINESS NAME ☐ RENEWAL

1. Business Name: _____ Phone No. _____

2. Business Address: _____ Email _____

3. Mailing Address: _____

4. Description of business activities (use reverse side if more space needed) _____

☐ Contractor ☐ Professional ☐ Broker ☐ Pawnbroker/Secondhand ☐ Massage/HHP ☐ Retail ☐ Food Service ☐ Other _____

License No. _____ Exp Date: _____ Classification _____

5. Structure of Business: ☐ Corporation ☐ Single Ownership ☐ Partnership ☐ Trust ☐ LLC

Will you have: ☐ Entertainment/Band/DJ/Dancers ☐ Dancing ☐ Alcohol ☐ Amplified Sound ☐ Tobacco Paraphernalia ☐ Other _____

6. Number of Employees: _____

7. FEDERAL I.D./Social Security # (Required). _____ RESALE TAX NO. _____

8. Number of: Vending Machines _____ Music _____ Game _____ Pool Tables _____ Viewers _____ Other _____

If machines are leased, name address of vendor: _____

9. If machine vendor: Please **attach list** giving type and location of all machines in the City of IB

10. Owner Information (Required)

Name: _____ Phone No: _____

Address: _____

11. Emergency Contact: Name: _____ Phone No: _____

12. Previous use of business address above: _____ Proposed date of opening _____

13. Will your business have a sign? ☐ Yes ☐ No – if yes, you will need a Comprehensive Sign Permit before it is installed or modified. See Planning.

14. Will you be doing any building/electrical/plumbing etc modifications? ☐ Yes ☐ No ** If yes, you will need a Building Permit. (see Building Dept)

15. Have you filed a fictitious name with the county? ☐ Yes/No *** Need Copy

I HEREBY DECLARE UNDER THE PENALTY OF PERJURY THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF THE STATEMENTS MADE HEREIN ARE CORRECT AND TRUE.

SIGNATURE _____ DATE: _____

FINANCE DEPT: Base Fee: \$ _____ No. of Emp _____ BID Zone _____ Fire _____ SB1186 \$4.00

LICENSE # _____ BUS CONTROL # _____ **TOTAL FEE \$** _____

USE BELOW AREA FOR ADDITIONAL COMMENTS OR DETAILS ABOUT YOUR BUSINESS



City of Imperial Beach, California

ADMINISTRATIVE SERVICES DEPARTMENT

825 Imperial Beach Blvd., Imperial Beach, CA 91932 Tel: (619) 628-1423 Fax: (619) 424-3481
www.ImperialBeachCA.gov

WORKER'S COMPENSATION DECLARATION

I hereby affirm, under penalty of perjury, one of the following declarations:

_____ I have and will maintain a certificate of consent to self insure for worker's compensation, as provided by Section 3700, for the duration of any business activities conducted for which this license is issued.

_____ I have and will maintain worker's compensation insurance, as required by Section 3700, for the duration of any business activities conducted for which this license is issued.

My worker's compensation insurance carrier and policy number are:

Carrier: _____

Policy Number: _____

_____ I certify in the performance of any business activities for which this license is issued I shall not employ any person in any manner so as to become subject to the worker's compensation laws of California, and agree if I should become subject to worker's compensation provision of Section 3700 of the Labor Code, I shall forthwith comply with the provisions of Section 3700.

Date: _____ Applicant Signature: _____

WARNING: FAILURE TO SECURE WORKER'S COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO \$100,000.00 IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.

SB1186 NOTICE

As mandated by the State per SB 1186 the City of Imperial Beach is required to collect a new state-imposed \$4.00 fee from all applicants and renewal applicants for a local business license on and after January 1, 2013, and until December 31, 2024. Among other things, funds generated by this fee will be used to promote disability access and related services in the City.

Under federal and state law, compliance with disability access laws is a serious and significant responsibility that applies to all California building owners and tenants with buildings open to the public. You may obtain information about your legal obligations and how to comply with disability access laws at the following agencies: The Division of the State Architect at www.dgs.ca.gov/dsa/Home.aspx. The Department of Rehabilitation at www.rehab.cahwnet.gov. The California Commission on Disability Access at www.ccda.ca.gov

Applicant Initials